Name in Full

Certificate of Death

Rose [illegible] Hersey

Town [illegible] County [illegible]

Died at [illegible] MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 7	2	8	Age 24		America	

~~Male~~ Female | White | Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name Patriote Hersey

Mother's Name

Cause of Death — Primary: Intercostal Fever 22a — How long sick: 2 days 7 days

Death — Immediate

Accident, Suicide, Homicide

Reported by [illegible]

Address Frostburg Md

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITHO. BUREAU, 79706

Attended by Dr. Mc Gann

of Emmitsburg Md

Seen by Coroner _____

of _____

Information contained in this certificate was received from Annie Horner

of New Germany Carroll Co Md

Name In Full

Wm Jacob Levi Hauser

Certificate of Death

Died at Town / County Garrett MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	July	26	64	11	27	Maryland	Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 8

Husband of
Wife

Father's Name Edgar Hauser

Mother's Name Elizabeth Hauser

			How long sick
Cause of Death	Primary	Paralysis 44	2 Weeks
	Immediate	Paralysis	Accident, Suicide, Homicide

Reported by Thos H. Kaas Sr. M.D.

Address Eglon, W. Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Name In Full

Certificate of Death

Mary M. Langhrey

Died at Town Garrett County MARYLAND

Date 189 9 Month 7 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living X 2

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Garrett Journal 7-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-28

Name in Full

Bessy. May. Savage

Certificate of Death

Town

Garrett

County

MARYLAND

Died in

Date 1899	Month	Day		Y.	M.	D.	Native of	Occupation
	July	23	Age	17	10	26	Pa	House Keeper

~~Male~~ · White · Married · ~~Widow~~ · ~~Divorced~~

Female · ~~Colored~~ · ~~Single~~ · Widower · Number of ~~children~~ living —

Husband / Wife of Charles morgan Savage

Father's Name

Mother's Name

Cause of Death { Primary: Spasams & child Birth } How long sick 1 day

{ Immediate: }

~~Accident~~, ~~Suicide~~, ~~Homicide~~

121

Reported by S. Savage Undertaker

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 81868

attending physician was
Dr Dunham of
Cranes Mille W Va
p. 30

Name In Full Welch

Certificate of Death

Died at Friendsville Town, Garrett County, MARYLAND

Date 1899 Month 7 Day 25 | Age Y. 0 M. 0 D. 0 | Native of — | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of / Wife —

Father's Name Frank Welch | Mother's Name Margaret Welch

Cause of Death — Primary —

Immediate Still born

How long sick —

~~Accident, Suicide, Homicide~~

Reported by A. J. Mason.

Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70900